

**South West Clinical Senate Council Meeting
Thursday 12th December 2013
Taunton Rugby Ground, Taunton**

Notes/Actions

Present: Attendee's List attached

Apologies: Sarah Watson-Fisher, Deepak Gupta, Matthew Mulloy, Alex Allwood
Peter Murphy, Peter Whitfield, Ray Sinclair.

1. Welcome and Introductions	VL
<p>Vaughan Lewis (VL) welcomed all to the first South West Clinical Senate Meeting. He told the meeting that he had been appointed as the Chair of the Senate in May 2013 and is a paediatrician at the Royal Devon and Exeter Foundation Trust. He introduced Mirella Fox, the attending Stenographer. Each member was then asked to introduce themselves. A request was made for each member to receive a contact list of attendees.</p>	
2. Setting the Scene	CG
<p>Caroline Gamlin (CG) presented the national policy background to Clinical Senates. She told the meeting that Senates were a recommendation that arose from the Future Forum discussion on the Health and Social Care Bill and that the Senate is a means of bringing together a wide range of professional experience, 'by achievement and reputation'. She noted that there has been strong interest in the Senate and she felt that it had gathered a robust group at its core, which should enable it to function effectively.</p> <p>The purpose of Clinical Senate was to engage the statutory commissioners in order to identify areas with potential for improving outcomes. CG noted the role of the Senate is to mediate on behalf of their populations to implement good practice, to be a source of clinical leadership and credibility, to have a pro-active role in promoting major service change, to link clinical expertise and local knowledge, such as patient pathways and to engage with clinical networks.</p>	
3.1 Discuss and approve draft operating principles, terms of reference and membership	
<p>The group were asked to consider the draft Operating Principles for the Senate, which had been circulated in advance. There was a broad ranging discussion about the membership of the Senate Council and its ability to hear and to voice all of the professionals and organisations it comprised. CG reminded the group that the Senate was a collective body of professional opinion and it was not the purpose of the Senate to have each organisation represented.</p> <p>It was noted that there was a discrepancy in the numbers of selected members of the Council between the Draft Principles and the Senate Terms of Reference. VL commented that in trying to achieve geographical breadth and clearly acknowledging the strong leadership experience of the</p>	

applicants to the Senate, the group was larger than expected. It would be responsibility of the Senate Council, once it has worked through the full TOR over the next few months to decide the process for appointing or selecting members.

In the meantime, to ensure the effective operation of the Senate, the current membership of the Senate Council will continue for a period of 12 months. It was suggested that a phased approach is adopted to appointing/selecting new members so as to retain and 'handover' expertise from the first year of the Senate.

A strong communication strategy ensuring the engagement of all parts of the health and social care communities in the South West was recommended. Virginia Pearson (VP) and others voiced concern about the lack of engagement with the Health Overview and Scrutiny Committees (HOSCs) and advised that the work of the Senate was communicated early on. Similar comments were made about Health and Well Being Boards and Adrian James (AJ) asked if they should be included as members. VL noted the recommendations.

Action:

Senate Management Team were asked to establish a communication strategy including a process for engaging with the HOSCs and the HWBBs.

The meeting discussed the role of the Senate in providing advice to commissioners and the process by which questions raised with the Senate would be brought to the Senate Council. This has not been made explicit in the Draft Operating Principles and needs further work. There were a number of suggestions from experienced Council members who had acted in advisory roles in national bodies such as NICE about delivering advice effectively and without delay. These and others need to be considered as the Senate evolves its workings. VL agreed that the suggestions were really helpful in thinking through the next iteration of the Operating Principles, which will therefore remain in draft.

Action:

Senate Management Team to iterate the Draft Operating principles to include

- **The membership of the senate council and the process for appointment/selection/election**
- **The relationship with the Senate Assembly**

3.2 Public attendance at Senate Council Deliberative meetings

Chris Burton (CB) noted that in the section on public attendance at the Senate Council, the deliberative discussion will be held in camera. He was concerned that this would go against the aim of the Senate to be inclusive and transparent. Patrick Canavan (PC) and Christin Teller (CT), patient members, amongst others raised similar concerns. Others felt that while there was a need to hold the meetings in public, being in camera during the discussion would lead to an open debate and that patient members were included in this discussion. After robust debate VL summarized that the meetings will be held in public, with members of the public being able to hear the evidence, including patient and public evidence, presented to the Senate Council and, if appropriate to criticise. The deliberative component of the meetings would be recorded but not held in public.

Action:

<p>The Senate Management Team to draw clear rules for public attendance and ensure that the communication strategy takes account of this in it's development</p>	
<p>3.3. Quorate attendance for deliberative meetings</p>	
<p>The quorum for attendance at Senate deliberations was agreed at 51% though VL hoped that having sent out dates a year in advance, members would be able to commit the time to enable the breadth of representation.</p>	
<p>4 Process for receiving, prioritising and agreeing questions</p>	
<p>Caroline Gamlin explained the process that has been agreed thus far for receiving, prioritising and agreeing the questions for Senate's deliberations. She outlined the engagement event in September through which some of the emergent issues for the Senate had been agreed. Broadly there was consensus that early on the Senate should address the issue of specialized commissioning, and suggestions from CCG representatives present that the Senate should seek to address the urgent care and frail elderly. But these are broad themes and if the Senate is to address them credibly, then it will need to seek clarity on the exact question.</p> <p>SB noted that within the first few drafts of the Senate Draft Principles had addressed the issue of getting questions to the Senate & that this needed to form part of the overall communications strategy. Further work on this issue will be completed once the new Senate Manager, Ellie Devine is in post alongside other issues that have been highlighted as being outstanding.</p> <p>At present, it is commissioners, specialised, CCG and direct commissioners who are responsible for bringing questions to the Senate. Emergent themes include; developing the principles for implementation of the specialised services specifications in the South West (the topic for today). The Senate Council will need to develop its work programme for the forthcoming year and this will be done in consultation with the Senate Assembly.</p> <p>Action: The Senate Management Team is to</p> <ul style="list-style-type: none"> • describe a detailed process of bringing and prioritising questions • begin the process for developing the work programme for the Senate 	

12th December 2013 Senate Council Meeting Attendance

Standing Members			
Name	Email	Job Title	Organisation
Vaughan Lewis	vaughanlewis@nhs.net	Chair of the Senate	
Shelagh McCormick	shelagh.mccormick@nhs.net	Vice Chair of the Senate	
Caroline Gamlin	caroline.gamlin@nhs.net	Area Team Medical Director	
Virginia Pearson	Virginia.Pearson@devon.gov.uk	Director of Public Health	
Shona Arora	Shona.Arora@phe.gov.uk	Centre Director	Public Health England
Chris Burton	chris.burton@nbt.nhs.uk	Medical Director	West of England AHSN
Clifford Puddy	puddy001@hotmail.co.uk	Patient and Public Member 1	
Patrick Canavan	patsindevon@aol.com	Patient and Public Member 2	
Joanna Parker	parker.joanna@googlemail.com	Patient and Public Member 3	
Christine Teller	christineteller@me.com	Patient and Public Member 4	
Stuart Walker	Stuart.Walker@tst.nhs.uk	Cardiovascular Clinical Director	SCN
Adrian James	adrianjames@nhs.net	Mental Health Clinical Director	SCN
Ann Remmers	ann.remmers@nhs.net	Maternity and Children's Clinical Director	SCN
Helen Thomas	helen.thomas7@nhs.net	Cancer Clinical Director	SCN
Sunita Berry	sunita.berry1@nhs.net	SCN and Senate Associate Director	SCN & Senate
Ellie Devine	to be confirmed	Senate Manager	Senate
Sue Jones	susan.jones64@nhs.net	Senate Administrator	Senate
Invited Members			
Andrew Seymour	Andrew.seymour1@nhs.net	Deputy Clinical Chair	Gloucestershire CCG
Andy Smith	Andy.smith2@swast.nhs.uk	Executive Medical Director	South West Ambulance Service
Carol Gray	Carol.gray4@nhs.net	District Nurse Professional Lead and End of Life Care Lead	Torbay and Southern Devon Health and Care Trust
David Halpin	d.halpin@nhs.net	Consultant Physician & Honorary Associate Professor	Royal Devon and Exeter Hospital
Dan Williams	danwilliams@doctors.org.uk	Consultant Orthopaedic Surgeon	Royal Cornwall Hospitals NHS Trust
Diane C Crawford	Diane.Crawford@uhbristol.nhs.uk	Lead Scientist and Director of Medical Physics and Bioengineering	University Bristol NHS Foundation Trust

Emma Stapley	Emma.stapley@sompar.nhs.uk	Head of Child Psychology	Somerset Partnership NHS Foundation Trust
Geraint Day	Geraint.Day@ukgateway.net	RCS Regional Co-ordinator	Royal College of Surgeons of England (RCS)
Guy Rooney	Guy.rooney@gwh.nhs.uk	Consultant in Genitourinary Medicine & HIV and	Great Western Hospitals NHS Foundation Trust
Jayne Weare	Jayne.Weare@UHBristol.nhs.uk	Head of Therapy Services	University Bristol NHS Foundation Trust
Jenny Winslade	Jennifer.winslade@nhs.net	Chief Nursing Officer	NHS Northern, Eastern and Western Devon Clinical Commissioning Group
Joseph Mathew	joemathew@nhs.net	Consultant in Histopathology	Royal Cornwall Hospitals NHS Trust
John Graham	john.graham@nhs.net	Consultant Oncologist & Trust Cancer Lead Clinician	Taunton & Somerset NHS Foundation Trust
Liz Toy	liz.toy@nhs.net	Consultant Clinical Oncologist	Royal Devon & Exeter NHS Foundation Trust
Marion Andrews-Evans	marion.andrews-evans@nhs.net	Executive Nurse & Quality Lead	Gloucestershire CCG
Mark Callaway	Mark.callaway@uhbristol.nhs.uk	Head of School of Radiology within the Severn Deanery	University Bristol NHS Foundation Trust
Mary Backhouse	mary.backhouse@northsomersetccg.nhs.uk	Chief Clinical Officer	North Somerset Clinical Commissioning Group
Paul Eyers	Paul.Eyers@tst.nhs.uk	Vascular Surgeon	Taunton & Somerset NHS Foundation Trust
Paul Winterbottom	Paul.winterbottom@glos.nhs.uk	Medical Director	2gether NHS FT
Philip Yates	Phil.yates@gpcare.org.uk	Chairman	GP Care UK Ltd
Sally Pearson	sally.pearson@glos.nhs.uk	Director of Clinical Strategy	Gloucestershire Hospitals NHS FT
Sanjay Vyas	Sanjay.vyas@nbt.nhs.uk	Consultant Gynaecologist	North Bristol NHS Trust
Sara Evans	Sara.evans1@nhs.net	Consultant Geriatrician	Royal United Hospital, Bath
Steven Sale	Steven.sale@uhbristol.nhs.uk	Paediatric Anaesthetist	University Bristol NHS Foundation Trust
Sue Dolby	Sue.dolby@uhbristol.nhs.uk	Consultant Clinical Psychologist, Head of Psychological Health Services Women's and Children's Division	University Bristol NHS Foundation Trust
Susan Hawkins	susan.hawkins@rcht Cornwall.nhs.uk	Clinical Lead Physiotherapist	Royal Cornwall Hospitals NHS Trust
William House	thehouses@phonecoop.coop	GP	St Augustine's Medical Practice (as freelance)
Trevor Beswick	Trevor.Beswick@uhbristol.nhs.uk	Director of South West Medicines Information & Training,	University Bristol NHS Foundation Trust

Linda Prosser	linda.prosser@nhs.net	Director of Commissioning	NHS England, BNSSSG Area Team
Ann Millar	-	CRG	
Dominic Byrne	-	CRG	
Guy Haywood	-	CRG	
Matthew Cramp	-	CRG	
Peter Davis	-	CRG	
Peter Rowe	-	CRG	
Richard Wellbourne	-	CRG	